CHILDREN'S CHURCH REGISTRATION

Families, please complete one form per child. Thank You!

Last Name: _____ **First Name:** _____

Age: _____ **Date of Birth: Month** _____ **Day** _____ **Year** _____

Child's Grade (Fall 2009): _____ **Sex: Male** _____ **Female** _____

Child's Address: _____

City / State: _____ **Zip:** _____

Parent's / Guardian's Name: _____

Parent's / Guardian's Phone: (_____ **)** _____ **Cell Phone: (** _____ **)** _____

Person to be contacted in case of emergency:

1. Name: _____ **Phone:** _____ **Relationship to Child:** _____

2. Name: _____ **Phone:** _____ **Relationship to Child:** _____

Does your child have any medical condition(s) that we should be aware of?

(allergies, medications, etc.) If so, please explain: _____

_____

Siblings who will also be attending Children's Church: _____

I would like to volunteer to help with: _____

The undersigned gives permission to his or her child to participate in the above named activity and releases _____ , its officers, employees, and agents from any liability whatsoever for any injury or death to person or loss or damage to property sustained by the undersigned for any memeber of his family, in attendance, and the undersigned agrees to defend and indemnify _____ , its officers, employees, and agents from any liability or loss they might sustain by reason thereof. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the director of children's ministry to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

Signed: _____ **Date:** _____

Insurance Company: _____ **Policy No.:** _____

By signing this registration form you agree that any photographs taken of your child at or during this event are the property of _____ and may be used in future publications as deemed appropriatee.